

FILED
07 JUL 19 AM 10:46
RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Artemio Arroyo C-20149
P.O.BOX 689-BW-221
Soledad, Ca. 93960

E-Filing

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

Artemio Arroyo Plaintiff,

vs.

Ben Curry, Warden Defendant.

07 3718

CASE NO.

SBA
PRISONER'S APPLICATION TO PROCEED (Pr)
IN FORMA PAUPERIS

I, Artemio Arroyo, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 It was over than 27-years ago, I was a juvenile and I used to work part
 5 time in the fields that I even not recall how much I used to make.

6 ~~This was before I came to prison.~~

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

9 a. Business, Profession or Yes ____ No X

10 self employment

11 b. Income from stocks, bonds, Yes ____ No X

12 or royalties?

13 c. Rent payments? Yes ____ No X

14 d. Pensions, annuities, or Yes ____ No X

15 life insurance payments?

16 e. Federal or State welfare payments, Yes ____ No X

17 Social Security or other govern-

18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 _____

22 _____

23 3. Are you married? Yes ____ No X

24 Spouse's Full Name: _____

25 Spouse's Place of Employment: _____

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ _____ Net \$ _____

28 4. a. List amount you contribute to your spouse's support: \$ _____

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ____ No X

Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

6. Do you own an automobile? Yes ____ No X

Make _____ Year _____ Model _____

Is it financed? Yes ____ No ____ If so, Total due: \$ _____

Monthly Payment: \$ _____

7. Do you have a bank account? Yes ____ No X (Do not include account numbers.)

Name(s) and address(es) of bank: _____

Present balance(s): \$ _____

Do you own any cash? Yes X No ____ Amount: \$ 12.32

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ____ No ____

8. What are your monthly expenses? I am incarcerated. N/A

Rent: \$ _____ Utilities: _____

Food: \$ _____ Clothing: _____

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

_____ \$ _____ \$ _____ 9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)
3 _____
4 _____

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ____ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.
9 _____
10 _____

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 June 12, 2007

17 DATE

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SIGNATURE OF APPLICANT

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of ARROYO, A. C 20149 for the last six months at **CORRECTIONAL TRAINING FACILITY** P.O. BOX 886 SOLEDAD, CA 93960 [prisoner name] **ATTN: TRUST OFFICE** where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ Ø and the average balance in the prisoner's account each month for the most recent 6-month period was \$ Ø.

Dated: 7-14-07

Brenda Nation, Acct Technician
[Authorized officer of the institution]



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 7-14-07

CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Brenda Nation
TRUST OFFICE

Account Technician

REPORT ID: TS3030

REPORT DATE: 07/14/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: FEB. 15, 2007 THRU JUL. 14, 2007

ACCOUNT NUMBER : C20149 BED/CELL NUMBER: CFBWT2000000221U
ACCOUNT NAME : ARROYO, ARTEMIO MENDEZ ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

CURRENT HOLDS IN EFFECT

DATE	HOLD			
PLACED	CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
06/11/2007	H102	EYEGLASSES HOLD	3810 OPTIC	46.50

TRUST ACCOUNT SUMMARY

BEGINNING	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS
BALANCE	DEPOSITS	WITHDRAWALS	BALANCE	BALANCE	TO BE POSTED
12.32	0.00	0.00	12.32	46.50	0.00

CURRENT
AVAILABLE
BALANCE

34.18-



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.

ATTEST: 7-14-07

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Brenda Nation
TRUST OFFICE

Account Technician

CORRECTIONAL TRAINING FACILITY

P.O. BOX 886

SOLEDAD, CA 93960

ATTN: TRUST OFFICE

REPORT ID: TS3030

REPORT DATE: 04/11/07

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
CTF SOLEDAD/TRUST ACCOUNTING
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2007 THRU APR. 11, 2007

ACCOUNT NUMBER : C20149

BED/CELL NUMBER: CFFWT3000000309U

ACCOUNT NAME : ARROYO, ARTEMIO MENDEZ

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

DATE	TRAN CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
01/01/2007		BEGINNING BALANCE					107.50
01/03	D554	INMATE PAYROL	1901 P6		1.83		109.33
01/19	W702	IWF HANDICRAF	2096C10016			3.59	105.74
01/19	W300	HANDICRAFT PU	2096C10016 203432005			48.42	57.32
02/13	FC01	DRAW-FAC 1	2355 ML			45.00	12.32

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
107.50	1.83	97.01	12.32	0.00	0.00

CURRENT
AVAILABLE
BALANCE

12.32

TRUST ACCOUNT WITHDRAWAL ORDER

Date: June 13, 20 07

To: Warden Ben Curry

Approved: G. Williams cc: I

I hereby request that my Trust Account be charged \$5.00 for the purpose stated below and authorize the withdrawal of that sum from my account:

C-20149, BW-221
NUMBER

Artemio Arroyo
NAME (Signature please, DO NOT PRINT)

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchases)

PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.

PURPOSE: Habeas Corpus Petition five dollar
filing fee in the United States District Court
Northern District of California.

NAME: United States District Court For The

ADDRESS: Northern District of California

450 Golden Gate Avenue.

San Francisco, California 94102

Artemio Arroyo

PRINT YOUR FULL NAME HERE

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, Artemio Arroyo, declare:

I am over 18 years of age and a party to this action. I am a resident of Correctional Training
Facility, State Prison,
in the county of Monterey
State of California. My prison address is: P.O. BOX 689-BW-221
Soledad, Ca. 93960

On June 12, 2007

(DATE)

I served the attached: Habeas Corpus Petition

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional institution in which I am presently confined. The envelope was addressed as follows:

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
450 Golden Gate Avenue, Box 36060
San Francisco, Ca. 94102

DEPARTMENT OF JUSTICE
Office of Attorney General
455 Golden Gate Ave., No. 11000
San Francisco, Ca. 94102-3664

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on June 12, 2007
(DATE)

Artemio Arroyo
(DECLARANT'S SIGNATURE)

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date: June 13, 20 07

To: Warden Ben Curry

Approved: [Signature] cc-T
G. Williams

I hereby request that my Trust Account be charged \$..... for the purpose stated below and authorize the withdrawal of that sum from my account:

D-20149, BW-221

NUMBER

State below the PURPOSE for which withdrawal is requested
(do not use this form for Canteen or Hobby purchases)

PURPOSE: Legal Mail Postage

[Signature]
NAME (Signature please, **DO NOT PRINT**)

PRINT PLAINLY BELOW name and address of person
to whom check is to be mailed.

NAME: United States District Court, For the

ADDRESS: Northern District of California

450 Golden Gate Avenue, Box 36060

San Francisco, California 94102

Artemio Arroyo

PRINT YOUR FULL NAME HERE